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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number 10/749,537
		Filing Date 12/30/2003
		First Named Inventor Joshua D. Rabinowitz
		Art Unit
		Examiner Name
Total Number of Pages in This Submission	4	Attorney Docket Number 00028.08CON

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance communication to Group
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
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<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert a Provisional Application	<input type="checkbox"/> Proprietary Information
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Elaine C. Stracker - 43,166
Signature	
Date	DEC. 13 2004

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the

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This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.



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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	10/749,537
Filing Date	12/30/2003
First Named Inventor	Joshua D. Rabinowitz
Art Unit	
Examiner Name	
Attorney Docket Number	00028.08CON

To: Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

This request is being made for the reason that the Assignee no longer retains the attorney of record as an employee. The Assignee is currently handling their own patent prosecution.

CORRESPONDENCE ADDRESS

- The correspondence address is NOT affected by this withdrawal.
- Change the correspondence address and direct all future correspondence to:

Customer Number

OR

Firm or Individual Name **IP Department (Alexza MDC)**

Address **1001 East Meadow Circle**

Address

City **Palo Alto** State **CA** ZIP **94303**

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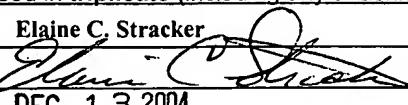
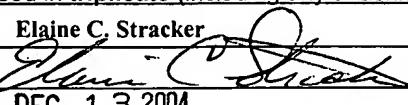
This request is made on behalf of myself and

all the attorneys/agents of record,

the attorneys/agents (with registration numbers) listed on the attached paper(s), or

the attorneys/agents associated with Customer Number

This request is enclosed in triplicate (including any attachments).

Name	Elaine C. Stracker		Registration No.	43,166
Signature				
Date	DEC. 13 2004			

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

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